

**MEDDAC Regulation 40-3**

**Medical Services**

# **Advance Medical Directives (AMD)**

**Headquarters  
U.S. Army Medical Department Activity  
Fort George G. Meade  
2480 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5800  
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**Unclassified**

# ***SUMMARY of CHANGE***

MEDDAC REG 40-3

Advance Medical Directives (AMD)

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Reassigns the responsibilities of the Chief, Plans, Training, Mobilization and Security Division to the Chief, Nursing Education and Staff Development (para 2-2).
- o Within the responsibilities of the Chief, Patient Administration Division (PAD), revises the responsibilities to place a special sticker, signifying the patient has an AMD, on DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) instead of on DA Form 5771 (Master Problem List) (para 2-3).
- o Changes para 2-4c to reflect that the Head Nurse, Same Day Surgery will provide AMD informational handouts to the patient prior to the day of surgery if the patient is interested in preparing an AMD.
- o Adds the following text to the end of para 2-6c, which covers the responsibilities of health care providers, and specifically addresses the honoring of AMDs: As KACC’s SDS performs elective surgery on generally healthy patients, it may not be appropriate to honor AMDs for intraoperative complications. Limits to honoring any AMD for this episode of care will be discussed with the patient and documented in the medical record.

## Medical Services

### Advance Medical Directives (AMD)

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**History.** This is the fourth revision of this publication, which was originally published on 15 March 1994.

**Summary.** This regulation provides procedures for the use of AMDs at medical treatment facilities (MTFs) of the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC).

**Applicability.** This regulation applies to the MEDDAC headquarters (that is, Kimbrough Ambulatory Care Center (KACC), and all outlying clinics.

**Proponent.** The proponent of this regulation is the Deputy Commander for Clinical Services.

**Supplementation.** Supplementation of this regulation is prohibited.

**Suggested improvements.** Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZC, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

**Distribution.** Distribution of this publication is by electronic medium only.

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#### Contents (Listed by paragraph and page number)

##### Chapter 1

##### Introduction, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

##### Chapter 2

##### Responsibilities, page 1

Commanders and directors of outlying U.S. Army health clinics (USAHCs) • 2-1, page 1

The Chief, Nursing Education and Staff Development (NESD) • 2-2, page 1

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\* This publication supersedes MEDDAC Reg 40-3, dated 19 October 2001.

## **Contents—continued**

The Chief, Patient Administration Division (PAD) • 2-3, *page 1*

The Head Nurse (HN), Same Day Surgery (SDS) • 2-4, *page 1*

The Patient Representative • 2-5, *page 1*

Health care providers • 2-6, *page 2*

## **Chapter 3**

### **AMD Policies, *page 2***

Rights of patients to participate in their own medical treatment decisions • 3-1, *page 2*

Transfer of patients to other MTFs • 3-2, *page 2*

AMD handouts • 3-3, *page 2*

When may an AMD be written for the purpose of receiving or withholding/withdrawing health care?  
• 3-4, *page 2*

Special provision regarding MTF employees who are designated as health care agents • 3-5, *page 3*

Patients who refuse treatment • 3-6, *page 3*

Revoking an AMD • 3-7, *page 3*

## **Appendixes A. References, *page 4***

## **Glossary**

## **Chapter 1**

### **Introduction**

#### **1-1. Purpose**

This regulation establishes responsibilities, policies and procedures for administration of AMDs by the MEDDAC's MTFs.

#### **1-2. References**

Related publications, prescribed forms and referenced forms are listed in appendix A.

#### **1-3. Explanation of abbreviations and terms**

Abbreviations and special terms used in this regulation are explained in the glossary.

## **Chapter 2**

### **Responsibilities**

#### **2-1. Commanders and directors of outlying U.S. Army health clinics (USAHCs)**

Commanders and directors of outlying USAHCs will implement this regulation within their MTFs and, as necessary, provide local implementing instructions.

#### **2-2. The Chief, Nursing Education and Staff Development (NESD)**

The Chief, NESD will coordinate any training of the MEDDAC's staff regarding the medical, legal and ethical implications of AMD. As a minimum, all clinically-related personnel are expected to have a basic understanding of AMD.

#### **2-3. The Chief, Patient Administration Division (PAD)**

The Chief, PAD will ensure that Outpatient Records personnel apply a special sticker to the DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) of any patient who has an AMD in his or her medical record, and provide a centralized location for AMD-related informational handouts and forms.

#### **2-4. The Head Nurse (HN), Same Day Surgery (SDS)**

The HN, SDS will ensure that the SDS nursing staff—

- a. Has the patient document the existence of an AMD on MEDDAC Overprint 299 (Advance Directive Inquiry) during pre-admission or prior to the surgery, on the day of surgery.
- b. Files a copy of the AMD provided by the patient on the left side of the patient's Ambulatory Procedure Visit record.
- c. Provides AMD informational handouts to the patient prior to the day of surgery if the patient is interested in preparing an AMD; encourage the patient to seek assistance from the Legal Assistance Office of the servicing installation's Staff Judge Advocate's Office (SJA) if such assistance is needed.

#### **2-5. The Patient Representative**

The Patient Representative will keep AMD informational handouts available and will assist patients and family members in obtaining information from the servicing SJA's Legal Assistance Office.

## **2-6. Health care providers**

Health care providers will—

a. Have the primary responsibility to discuss with the patient, upon the patient's request, information necessary to enable the patient to make treatment decisions that reflect his or her wishes. This will be annotated on SF 509 (Medical Record - Progress Notes) or Standard Form (SF) 600 (Chronological Record of Medical Care). The information will include the potential benefits, drawbacks and likelihood of success of the proposed treatment or procedure, potential recuperative problems, and the consequences of refusing the treatment or procedure.

b. Ensure that the standard of care is neither conditioned nor compromised based on the existence or nonexistence of an AMD.

c. Honor AMDs within the limits of the law. In accordance with AR 40-3, paragraph 19-7, an AMD must be discussed with the patient. If a condition arises that warrants the need for life-saving or life-sustaining measures, the provider is required to transfer the patient to an MTF that is equipped with the appropriate inpatient facilities, regardless of the provider's moral or professional objection to the patient's treatment preference. As KACC's SDS performs elective surgery on generally healthy patients, it may not be appropriate to honor AMDs for intraoperative complications. Limits to honoring any AMD for this episode of care will be discussed with the patient and documented in the medical record.

## **Chapter 3 AMD Policies**

### **3-1. Rights of patients to participate in their own medical treatment decisions**

All competent adult patients have the right to participate in their own medical treatment decisions and to refuse medical treatment, with certain exceptions that are applicable to active duty military members.

### **3-2. Transfer of patients to other MTFs**

Without exception, any patient in need of life-saving or life-sustaining measures will be transferred to another MTF that is capable of providing those measures. If transferred to another MTF, the patient's AMD, if such exists, will accompany the patient to the gaining MTF.

### **3-3. AMD handouts**

MEDDAC Handout (HO) 337 (Advance Directive–Maryland) for MTFs in Maryland and MEDDAC HO 338 (Advance Directive–Pennsylvania) for MTFs in Pennsylvania, will be available at respective MTFs throughout the MEDDAC. These handouts provide information that will enable patients to make AMD decisions relative to their own situations. Servicing SJA legal assistance offices provide similar handouts.

### **3-4. When may an AMD be written for the purpose of receiving or withholding/withdrawing health care?**

Any competent individual may, at any time, make a written AMD regarding the provisions of receiving or withholding/withdrawal of his or her health care.

**3-5. Special provision regarding MTF employees who are designated as health care agent**

If a patient's AMD had designated an employee of the MTF from which the patient is receiving care to be his or her health care agent, that employee may not serve as a member of that patient's patient care team. The term "patient care team" is explained in the glossary.

**3-6. Patients who refuse treatment**

A patient who refuses medical treatment will be informed of the medical consequences of such refusal. The health care provider will document the patient's refusal and the subsequent counseling on SF 509 or SF 600.

**3-7. Revoking an AMD**

A patient may revoke an AMD at any time, verbally or in writing. A revocation is effective when communicated to any health care provider. All revocations will be documented on SF 509 or SF 600.

## **Appendix A References**

### **Section I Required Publications**

This section contains no entries.

### **Section II Related Publications**

A related publication is merely an additional source of information. The user does not have to read it in order to understand this publication.

#### **AR 40-3**

Medical, Dental, and Veterinary Care

#### **AR 310-25**

Dictionary of United States Army Terms

#### **AR 310-50**

Authorized Abbreviations, Brevity Codes, and Acronyms

#### **AR 600-20**

Army Command Policy

Memorandum, Office of the Surgeon General, DASG-PSA, undated, Placement of Living Will in Outpatient Treatment Records, Health Records, and Inpatient Treatment Records.

Memorandum, Office of the Surgeon General, DASG-PSQ, undated, Withdrawal of Life-Sus-

taining Treatment.

Patient Self-Determination Act of 1990. (PL 101-508.)

### **Section III Prescribed Forms**

#### **MEDDAC HO 337**

Advance Directive–Maryland. (Cited in para 3-3.)

#### **MEDDAC HO 338**

Advance Directive–Pennsylvania. (Cited in para 3-3.)

### **Section IV Referenced Forms**

#### **DA Form 2766**

Adult Preventive and Chronic Care Flowsheet

#### **MEDDAC Overprint 299**

Advance Directive Inquiry

#### **SF 509**

Medical Record - Progress Notes

#### **SF 600**

Chronological Record of Medical Care



## Glossary

### Section I Abbreviations

**AMD**

advance medical directive

**HN**

head nurse

**KACC**

Kimbrough Ambulatory Care Center

**MEDDAC**

U.S. Army Medical Treatment Activity, Fort George G. Meade

**MTF**

medical treatment facility

**PAD**

Patient Administration Division

**NESD**

Nursing Education and Staff Development

**SDS**

Same Day Surgery

**SF**

standard form

**SJA**

staff judge advocate

**USAHC**

U.S. Army health clinic

### Section II Terms

**Advance medical directive (AMD)**

A written document which sets forth a person's desires concerning medical care to be received should the person become incapable of making health care decisions on his or her own behalf and or which gives another person the legal authority to make health care decisions on behalf of a person who has become mentally incapacitated. Often, the AMD is simply referred to as an advance directive. Living wills and durable health care powers of attorney are AMDs.

**Durable health care power of attorney**

A written document which given another person legal authority to make health care decisions on behalf of a person who has become mentally incapacitated. This document is valid during any period(s) of mental incapacitation. An example of such a document is provided within MEDDAC HO 337.

**Living will**

A written document which sets forth a person's desires concerning medical care to be received should that person become terminally ill or death is imminent. A living will may specify medical treatment that should be provided and that which should not.

**Patient care team**

The medical team responsible for providing direct care to the patient.